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APPLICANTS									
Julie R. Korenberg, Los Angeles, CA;									
Xiao-Ning Chen, Arcadia, CA;									
** CONTINUING DATA **********************************									
** FOREIGN APPLICATIONS ************************************									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/30/2004									
met Allowance Verified and Allowance COL				STATE OR	SHEETS TOT		MS	INDEPENDENT CLAIMS	
Acknowledged Examiner's Signature Initials CA 30 57 11 ADDRESS 34055 PERKINS COIE LLP POST OFFICE BOX 1208 SEATTLE, WA 98111-1208									
TITLE Isolated sh3 genes associates with with myeloproliferative disorers and leukemia and uses thereof									
 	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time)			
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